

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001097

FILED
Jan 16, 2005
Secretary of State

Entity Name: NORTHEAST FLORIDA DRESSAGE ASSOCIATION, INC.

Current Principal Place of Business:

9995 GATE PARKWAY
SUITE 200
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY
SUITE 200
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3703994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, MARY M
9995 GATE PARKWAY
SUITE 200
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: COLLIER, TERESA
Address: 9837 KING RICHARD ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PRES () Delete
Name: O'BRIEN, MARY M
Address: 9995 GATE PARKWAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: GRZYBOSKI, BABBETTE
Address: 4018 CLIFFORD LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: BOD () Delete
Name: DUNN, DALE
Address: 4321 NARANJA DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: BOD () Delete
Name: MORRIS, JILL
Address: 200 BELMONT DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: STICH, BETTY
Address: 5163 ROSEBAY TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M. O'BRIEN

PRES

01/16/2005

Electronic Signature of Signing Officer or Director

Date